SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, Wi 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

DandSlipp (Received)

Date: Permit #: Amount Paid: 5

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

i (we) declare that this ap am (are) responsible for may be a result of Bayfi	Secretarial Staff		The state of the s	Municipal Use			Commercial Use				Residential Use		Proposed Use	Proposed Construction:	Existing Structure:				7	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		material material	Value at Time of Completion * include	Non-Shoreland	□ Snoreland —		Section \$5	24.	LOCATION		Authorized Agent: (Per		Address of Property:	albut 16	IYPE OF PERIVITI REQUESTED
plication (including any the detail and accuracy ald County relying on t					_	= 60	T				% 			uon:	(if permit being a	-	Property	Run a Business on	Relocate (existing hide)	* Conversion	New Construction		Project		☐ Is Property/La	☐ Is Property/La	, Township	<u> 1/4</u>	Legal Description:		(Person Signing Application on	ı		Resmuse .	Ž0ESIED— ≯
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and co am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a per may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering or	Conditional Use: (explain) Other: (explain) Conuex	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition (Alternation (Cooper)	Bunkhouse w/ (sanitary, or seeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabin, hun	Proposed Structure Propos		Existing Structure: (If permit being applied for is relevant to it)			<u> </u>	1	2-Story	□ 1-Story	1	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—	43 N, Range 8	GOV'T LOT LOT(S)	(Use Tax Statement)		on on behalf of Owner(s))		Survey Pol	* Tenta Rep	□ LAND USE □ SANITARY Mailing
STARTING CONSTRUCTION in examined by me (us) and to the oviding and that it will be relied uponing in or with this application.	+ house to		on/Alteration (specify)	cify)	ed date)	eeping quarters,	d Garage	ck		ch		(i.e. cabin, hunting shack, etc.)	Proposed Structure	Lengin:	Length:			7	Versi	Fort > real Noulin	\ \ \		ent Use		e, Pond or Flowage	, Stream (incl. Intermittent) If yes—continue —	W Town of:	CSIVI VOI & Page		PIN: (23 digits)	Agent Phone:	Contractor Phone:	City/State/Zip:	MARCL	Mailing Address:
WITHOUT A PERMI's best of my (our) know pon by Bayfield Count (we) consent to coun	Morals	Andrea and the second s				익							re					None		3 ^]]]		bedrooms	-	Distance Struc	Distance Structure		Lot(s) No.	٥	***************************************	Agent Mailing Ado	Plumber:	14		COMPILE
WILL RESULT IN TE vledge and belief it is tri y in determining wheth ty officials charged with	Acc			Contractions		☐ cooking & food prep facilities)	energene energene en							WIGHT:	Width:	ା None	☐ Compost Toilet		1	V	☐ Municipal/City		Sew		Distance Structure is from Shoreline :	ture is from Shoreline :		Biock(s) No.	-5		Address (include City/State/Zip):				Zip:
NALTIES ue, correct and comp er to issue a permit, a administering cour		_			- -		-		(Dime				ilet	rvice con	Privy (Pit) or Vaulted (mi	ists) Specify Type:			What Type of Sewer/Sanitary System		eline :	14	Lot Size	Subdivision:	Volume	Recorded Doc	state/Zip):				SPECIAL USE
complete. (we) acknowledge that (we) rmit. (we) further accept liability which county ordinances to have access to the	× K)	× .	×		× :	× ×	×		x)	× ;	× ×	(× ;	Dimensions 1	neignt:	Height:			ct)	ted (min 200 gallon)	yrc.	AUG.		of System		□ Yes	ls Property in Floodplain Zone?	Acyette		Page(s)	Attached Yes Ument: (i.e. Prope	Written	Plumber Phone:	Cell Phone:		☐ B.O.A. ☐ OI
rledge that I (we) pt liability which we access to the	MATERIAL PROPERTY OF THE PROPE												Footage							□ N AACII	City]	Water		□ Yes	Are Wetlands Present?) See		5(5)	Attached Yes	Written Authorization	Phone:	ne:		DIMER

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Owner(s):

(If there are Multiple Owners lister

on the Deed All Owners m

ACCUMINATION OF

must sign or letter(s) of authorization must accompany this application)

Date

Date

8-25-1

7

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*):	Proposed Construction North (N), on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Listing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	/or (*)
1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	(prior to continuing) red to the closest point)	Changes in plans must be ap	Changes in plans must be approved by the Planning & Zoning Dept.
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Heet Feet	Setback from the Lake (ordinary high-water man Setback from the River, Stream, Creek	er mark) Feet Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	1110 Feet 138 Feet 348 Feet 379 Feet		□Yes □
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Feet Frior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback to the boundary line from which the setback of the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback of the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback of the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback of the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback.	Feet Feet (10) feet of the minimum required setback, to the owner's expense. Ten (10) feet but less than thirty (30) feet for	Setback to Well Setback to well the boundary line from which the setback must be measured must be visible to the minimum required setback, the boundary line from which the setback	Feet e visible from one previously surveyed corner to the setback must be measured must be visible from
(9) Stake or Mark Proposed (9) Stake or Mark Proposed NOTICE: All Land I For The Construction Of Ne	Stake or Wark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State or F	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	<u>nk (HT), Privy (P)</u> , and <u>Well (</u> W). not begun. ɔrm Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date): Permit #: 1/ AOO//	Sanitary Number: Reason for Denial: Permit Date: O		Sanitary Date:
Is Parcel a Sub-Standard Lot	(Deed of Record) [Fused/Contiguous Lot(s)] [Aloo [No	Mitigation Required □ Yes //No Mitigation Attached □ Yes //No	Affidavit Required Ses ZNo Affidavit Attached Ses ZNo
LΩ		Previously Granted by Variance (B.O.A.)	
Legally Created Site Delineated	Yes □ No	NO N	□ Yes□ No
Inspection Record: 6			Zoning District (165 l) Lakes Classification (
Date of Inspection: Condition(s):Town, Committee or Board Condi	Conditions Attached? Tyes INO —	(If No they need to be attached.)	Date of Re-Inspection:
Signature of Inspecto:			Date of Approval: 0/2//
Hold For Sanitary:	9A: Hold For Affidavit:	ffidavit: Hold For Fees:	

040K2243083440L0

w. <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFELD C 1 5 2016

Bayfield Co. Zoning Dept. ENTERED Permit #: Refund:

18:8

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Lake,	\(\text{\tint{\text{\tint{\text{\tinx}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex	Section 35, Township 3, N, Range 8 W Town of: OALIC	5W 1/4, 5W 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.	LOCATION Legal Description: (Use Tax Statement) 04- 612-2-43-08-35-3 Volume_	DIN: (23 digits) 03-00√000	AULIDITED ABEIL. (Feisch albini Baldinanon on occurated 1	Agent Phone:	Contractor: Contractor Phone: Plumber:		(2) best Chamissin 4000 (and Surget 2) of	Owner's Name: Mailing Address: City/State/Zip:	TYPE OF PERMIT REQUESTED—► ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECI	O NOI STAKT CONSTRUCTION ON IL PENNIT I HAVE BEEN ISSUED TO APPENANT.
	Distance Structure is from Shoreline :	OALIC Lot Size	e Lot(s) No. Block(s) No. Subdivision:	43-08-35-3 Volume	03-00 1000 Recorde	d	Agent Wailing Address (include City/State/Zip):	Plumber:		SE DIFFER OF	City/State/Zip: 545	☐ CONDITIONAL USE ☐ SPECIAL USE	
Yes	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage	sion:	Page(s)	d Document: (i.e. Property Ownership)		Written Authorization	Plumber Phone:	115-558-48	S. T.	782 Telephone:	☐ B.O.A. ☐ OTHER	

	Creek or Landward side of Floodplain?		If yescontinue ->		feet	Floodplain Zone?	Present?
XShoreland —▶	Is Property/Land within	Is Property/Land within 1000 feet of Lake, Pond or Flowage	Pond or Flowage If yescontinue	Distance Stru	Distance Structure is from Shoreline:	□ Yes	⊠ Yes □ No
☐ Non-Shoreland						***************************************	Ø 38:30
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Type of tary System property?	Water
10 mg/s	New Construction	J-Story	Seasonal	□ 1	☐ Municipal/City		□ City
	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	2	(New) Sanitary Spec	cify Type:	Well
3008	☐ Conversion	☐ 2-Story		<u> </u>	☐ Sanitary (Exists) Specify Type:	cify Type:	
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ulted (min 200 gallon)	
	☐ Run a Business on	☐ No Basement		□ None	☐ Portable (w/service contract)	ontract)	
	Property	☐ Foundation			☐ Compost Tailet		L
					None		
Existing Structure	Existing Structure: (If permit being applied for is relevant to it)	or is relevant to it)	Length:		Width:	Height:	
0				S S	Width:	Teleph:	and the second
Proposed Construction:	action:		rengin:	0	,	or o	

Proposed Use	✓ Proposed Structure	Dimensions Square Footage
	Principal Structure (first structure on property)	(X)
	Residence (i.e. cabin, hunting shack, etc.)	(32 × 4g) J
Hec a for Issuance	CP with Loft	×
Residential Use	with a Porch	×
	Was commend	(X)
	with a Deck	×
Secretarial Stan	with (2 nd) Deck	~ ×
☐ Commercial Use	with Attached Garage	(32 × 40)
,	\square Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)
	☐ Mobile Home (manufactured date)	(x)
	Addition/Alteration (specify)	(x
Municipal Use	Accessory Building (specify)	(x)
	☐ Accessory Building Addition/Alteration (specify)	(×
	Africa and	
	Special Use: (explain)	(x)
	Conditional Use: (explain)	(X)
	Other (make)	

Date 7-15-16	above described progenitation by assonable time for the purpose or inspection.
orrect and complete. I (we) acknowledge that I (we) issue a permit. I (we) further accept liability which indistering county ordinances to have access to the	[(we) declare that this application (including any accompanying information) has been examined by me (u.g.) and to the best of my (our) for knowledge and belief it is true, correct and complete. (we) acknowledge that (we) arm (are) responsible for the detail and accuracy of all information (we) arm (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (we) further accept liability which may be a result of Bayfield County relying on this information (we) arm (are) providing in or with this application. (we) consent to county officials charged with administering county ordinances to have access to the

Authorized Agent:

Owner(s):

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

ers listed on the December of Numbers (Numbers) of letter(s) of authorization must accompany this application)

Date

Date

		Hold For Fees:		Hold For Affidavit:	.a: 🗆	Hold For Sanitary:	T
312-C#E	Date of Approval 9-2116					Signature of Inspector:	i.c
		attached.)	"No" (If <u>No</u> they need to be atta		ions Attached? 🏻 🗆 Yes	Condition(s): Town, Committee or Board Conditions Muy W W)	
on:	Date of Re-Inspection:			J. by:	Inspected by:	Date of Inspection:	T
 W B	Zoning District (B Lakes Classification (3				H	3	
		es Represented by Owner Was Property Surveyed	Were Property Lines		es 🗆 No	Was Parcel Legally Created TYes Was Proposed Building Site Delineated TYes	er te strill
	T +4:	y Variance (B.O.A.) Case	Previously Granted by Variance (B.O.A.) Yes No			-	\ _
□Yes □No	Affidavit Required Affidavit Attached		Mitigation Required Mitigation Attached	Z No	(Deed of Record) (Fused/Contiguous Lot(s))	Lot	
			16		Permit Date:	-	
Ti na s				Reason for Denial:		Permit Denied (Date):	- 4 L
gtesty		uired To Enforce The Unifo slso require permits. # of bedrooms:	or Federal agencies may a	Dwelling: ALL I , City, State or F Number: 16	w One & Two Family Dwelling te local Town, Village, City, State local Town, Village, City, State local Town, Village, City, Sanitary Number:	For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Issuance Information (County Use Only) Sanitary Number: 16-905 # of bedrooms: Sanitary Date:	·
<u>Well (W).</u>	ik (HT), Privy (P), and Well (W).	In field (DF), Holding Tan.	Septic Tank (ST), Dra	Construction,	Location(s) of New	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (H	
nust be visible from ture, or must be	setback must be measured r the proposed site of the struc	a known corner within 500 feet of t	the minimum required setback of a corrected compass from	hirty (30) feet from t Department by use	ten (10) feet but less than t d corner, or verifiable by the	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	202
surveyed corner to t	e visible from one previously surveyed corner to	local boundary line from which the setback must be measured must be visit	boundary line from which the	equired setback, the l	(10) feet of the minimum re	Prior the placement or construction of a recurrence within ten (10) feet of the minimum required setback, the other newjously surpeyed corner or marked by a licensed surpeyor at the owner's expense.	2 -5 .
				Feet		Setback to Drain Field Setback to Drive (Dortable Composting)	اري ا
To			Setback to Well	Feet		Setback to Septic Tank or Holding Tank	(0)
Fe	1es	dplain	Elevation of Floodplain	Feet	851	Setback from the East Lot Line	10
ם ו ו		Wetland	Setback from We	Feet	320	Setback from the South Lot Line	آريآ.
F		Bank or Bluff	Setback from the Bank or Bluff	Foot Per	% C	Sethack from the North Lot line	7
	er mark) (25	Lake (ordinary high-water	Setback from the	Feet	SEN	Setback from the Centerline of Platted Road Setback from the Fetablished Right of Way	0 (0
Measurement	M	Description		Measurement	Measu	Description	
					he closest point)	(8) Setbacks: (measured to the closest point)	
g & Zoning De	proved by the Planning & Zoning De	Changes in plans must be approv	Cha		continuing)	Please complete (1) – (7) above (prior to continuing)	
	/or (*)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ion Frontage Roa Son your Prop tic Tank (ST); (Stream/Cres Slopes over 20	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Slo (*) Wetlands; or (*) Slo	 (1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): 	
			vanniving for)	of what you are applying for)	rty (regardless	Sox below: Draw or Sketch your Prope	

